

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN VOTE!			FEC IDENTIFICATION NUMBER ▼ C C00473918		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>		
Full Name of Payee SKD Knickerbocker			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014		
Mailing Address 1150 18th Street NW Ste 800			Amount 37991.75		
City Washington State DC Zip Code 20036		Transaction ID : SE-6209 Date of Disbursement or Obligation MM / DD / YYYY			
Purpose of Expenditure TV Production		Category/ Type			
Name of Federal Candidate Thom Tillis			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee SKD Knickerbocker Estimate			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014		
Mailing Address 1150 18th Street NW Ste 800			Amount 15225.00		
City Washington State DC Zip Code 20036		Transaction ID : SE-6210 Date of Disbursement or Obligation MM / DD / YYYY			
Purpose of Expenditure TV Production & Online Placement		Category/ Type			
Name of Federal Candidate Thom Tillis			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			53216.75		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Caroline Fines</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 10 / 16 / 2014		